

## Important information about this form:

- Fill out this form to setup, remove, or replace recurring monthly contributions to your DreamAhead College Investment Plan (“the Plan”) account.
- You must have an open account to use this form. If you need to sign up, go online to [529.wa.gov](https://529.wa.gov) or use an **Enrollment Form** before completing this form.
- We are required to file an IRS Form 1099-Q when you make a withdrawal from your account.
- Withdrawals may have tax consequences depending on how the distribution is used. You should consult your tax advisor.
- Keep any receipts for eligible expenses once the money from this account is used.
- A notary signature is required for withdrawal requests; (i) for an Entity Account or an Account for which the individual completing the form is acting in a legal capacity as a representative of the Account Owner or (ii) if you recently changed your banking information, and wish to bypass a 10-day hold period for withdrawals or (iii) if you recently updated your address, and wish to bypass a 15-day hold period for withdrawals. **(Step 9)**.
- Make sure you use black ink. Type or print clearly in capital letters.

## Need help?

Give us a call Monday – Friday  
from 6am – 5pm PT at  
1-844-529-5845

Individuals with speech or  
hearing disabilities may dial 711  
to access Telecommunications  
Relay Service (TRS) from a  
telephone or TTY.

Mail the form to:  
DreamAhead College  
Investment Plan  
PO Box 534421  
Pittsburgh, PA 15253- 4421

Overnight Mail:  
DreamAhead College  
Investment Plan  
Attention: 534421  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

Fax:  
833-286-8313

## 1 Account information

\_\_\_\_\_  
Name of Account Owner (First and last)

\_\_\_\_\_  
Account Owner's Social Security or  
Taxpayer Identification Number

\_\_\_\_\_  
Account number (May be 12 or 13 digits)

## 2 Instructions

- Stop all monthly withdrawals from this account (skip to **Step 8**)
- Replace all monthly withdrawals from this account (complete **Steps 3, 4, 5** and **8**)
- Create a new monthly withdrawal from this account (complete **Steps 3, 4, 5** and **8**)

## 3 Monthly withdrawal setup

Tell us how much you want to withdraw from your account each month. There is a \$5 minimum withdrawal for each portfolio. Please clearly print the portfolio name, code and amount you'd like to withdraw below. Reference the **Portfolio Options Appendix** at the end of this form for a list of all portfolio names and codes.

_____ Code	_____ Portfolio name	\$ _____ , _____ . _____ Amount
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_____ Code	_____ Portfolio name	\$ _____ , _____ . _____ Amount
_____ Code	_____ Portfolio name	\$ _____ , _____ . _____ Amount
_____ Withdrawal Day (1 – 28)*		\$ _____ , _____ . _____ Total withdrawal amount

If you don't pick a date, we'll automatically make your withdrawal on the 1st of every month.

\* A note on when withdrawals will be deducted from your account: If the Withdrawal Day you've selected falls on a regular business day, your withdrawal will be deducted from your account the same day. If the Withdrawal Day you've selected falls on a weekend or a holiday, the withdrawal will be deducted from your account on the next Business Day. The withdrawn amount should reach your bank account within 2–5 business days.

### 4 Payee Information

- Account Owner/Custodian  
This will be the tax responsible party who will receive Form 1099-Q form.
- Beneficiary  
This will be the tax responsible party who will receive Form 1099-Q form.
- Check to eligible Educational Institution or School (Continue to **Step 7**)  
The Beneficiary will be the tax responsible party who will receive Form 1099-Q form.  
Please note: There is a \$2.50 fee for withdrawals issued by check.

### 5 Delivery Information

- Deposit into bank account (Continue to **Step 6**)
- Check sent to mailing address listed on account (Continue to **Step 8**)

## 6 Bank account information

Attach a voided check or copy of your bank statement showing the name, address, last 4 digits of the account number and complete the bank information below. (Please do not staple, use a paper clip for the check).

What type of documentation are you including to verify this bank account?

- Voided check
- Bank statement

Bank account type     Checking     Savings

\_\_\_\_\_  
**Name on bank account**  
The Account Owner/Custodian or Beneficiary must own the bank account connected to the DreamAhead account.

\_\_\_\_\_  
**Bank account holder signature**  
(If different from DreamAhead Account Owner/Custodian)

\_\_\_\_\_  
Bank name

\_\_\_\_\_  
Bank routing number

\_\_\_\_\_  
Bank account number

Need help?  
You can find your bank information on the bottom of one of your checks here:

⑆000000000	⑆	00000000000	⑆	1000
Routing Number		Account Number		

## 7 Eligible Educational Institution or School information

Only fill this information out if you are making a withdrawal to an eligible educational institution.

Please confirm the mailing instructions with your school before submitting this form for payment and provide a student ID, if required by the school.

\_\_\_\_\_  
Eligible Educational Institution or School name

\_\_\_\_\_  
Student name, ID or other identifying information (Will only appear on the check)

\_\_\_\_\_  
Institution or School mailing address 1

\_\_\_\_\_  
Institution or School mailing address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
ZIP Code

## 8 Sign the form

By signing this form, you're confirming that the information provided is accurate, and true and that you agree and certify that:

- If I selected Stop all monthly withdrawals from this account, or Replace all monthly withdrawals from this account:
  - I understand that all currently active monthly withdrawals from this account will be cancelled.
  - I understand that my request will become effective once processed by the Plan and that the Plan must receive my request at least 1 business day before I want it to become effective.
- If I selected Create a new monthly withdrawal from this account, or Replace all monthly withdrawals from this account:
  - I understand this authorizes the Plan to initiate recurring withdrawals from my Plan accounts, and either to: (i) make recurring deposits to my bank account, or (ii) send checks to my address on the Withdrawal Day each month for the total withdrawal amount.\*
  - I understand that if there is not enough money in my account to complete the recurring withdrawal or if the withdrawal amount is greater than 95% of my account balance, it will fail.
  - I may cancel these recurring monthly withdrawals by using this form.
- I certify that I am the Account Owner, or I have the authority to act as the Account Owner. If I am an individual acting in a legal capacity as a representative of the Account Owner, or an Entity Account Owner, a notarization acknowledgement appears on the next page.

\_\_\_\_\_  
Signature of Account Owner/Custodian/Authorized Representative of Entity

\_\_\_\_\_  
Date (mm/dd/yyyy)

\* A note on when withdrawals will be deducted from your account: If the Withdrawal Day you've selected falls on a regular business day, your withdrawal will be deducted from your account the same day. If the Withdrawal Day you've selected falls on a weekend or a holiday, the withdrawal will be deducted from your account on the next Business Day. The withdrawn amount should reach your bank account within 2-5 business days.

## 9 Notarization acknowledgement

**Keep in mind that:**

- You're providing the following information as underwritten certification that your signature is genuine.
- You cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the Account.

**Only sign if you are in the presence of a notary public or other officer providing notarization.**

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
Day (#) Month Year

\_\_\_\_\_  
Signature of Account Owner/Custodian/Authorized Representative of Entity

State of \_\_\_\_\_, County of \_\_\_\_\_

This instrument was acknowledged before me

physical presence  online notarization

on \_\_\_\_\_  
Date (mm/dd/yyyy)

by \_\_\_\_\_  
Name of person (First and last)

My term expires: \_\_\_\_\_  
Date (mm/dd/yyyy)

**Notary Public (Seal)**

\_\_\_\_\_  
Signature of Notary Public

## Appendix – DreamAhead Investment Portfolio Options

For descriptions and details about all of these portfolio options, please go online to [529.wa.gov](https://529.wa.gov) or see the **Program Details Booklet** for important information including descriptions, details, and risks about the investment options before making a decision.

### Static Portfolios

Code	Portfolio Name
WACCP	Cash Preservation Portfolio
WACIN	Income Portfolio
WACCG	Income & Growth Portfolio
WACBA	Balanced Portfolio
WACMG	Conservative Growth Portfolio
WACGR	Moderate Growth Portfolio
WACAG	Growth Portfolio
WACEC	College Enrolled Conservative
WACEM	College Enrolled Moderate
WACEA	College Enrolled Growth

### Year of Enrollment Portfolios

Conservative		Moderate		Growth	
Code	Year of Enrollment	Code	Year of Enrollment	Code	Year of Enrollment
WAC42	2042	WAM42	2042	WAA42	2042
WAC40	2040	WAM40	2040	WAA40	2040
WAC38	2038	WAM38	2038	WAA38	2038
WAC36	2036	WAM36	2036	WAA36	2036
WAC34	2034	WAM34	2034	WAA34	2034
WAC32	2032	WAM32	2032	WAA32	2032
WAC30	2030	WAM30	2030	WAA30	2030
WAC28	2028	WAM28	2028	WAA28	2028
WAC26	2026	WAM26	2026	WAA26	2026